

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5-99)

1. CIR./DIST./ DIV. CODE		2. PERSON REPRESENTED Luis Gonzalez		VOUCHER NUMBER																																																																																																																																																
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:02-146		5. APPEALS DKT./DEF. NUMBER																																																																																																																																																
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) US. v. Luis Gonzalez		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal																																																																																																																																																
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other:		10. REPRESENTATION TYPE (See Instructions) CC																																																																																																																																																		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 18:922 Unlawful transport of firearms, etc.																																																																																																																																																				
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Stacy Biancamano, Esq.			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input checked="" type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Atty. <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) _____ Signature of Presiding Judicial Officer or By Order of the Court 10/27/08 Date of Order _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																	
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Arleo, Donohue, Biancamano 622 Eagle Rock Avenue West Orange, NJ 07052			Telephone Number: 973 736 8660																																																																																																																																																	
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